Filing Company: RiverSource Life Insurance Company State Tracking Number:

Company Tracking Number: LTC2012RESC

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.003 Other

Product Name: Long Term Care

Project Name/Number: LTC2012RESC /LTC2012RESC

## Filing at a Glance

Company: RiverSource Life Insurance Company

Product Name: Long Term Care SERFF Tr Num: AERS-128069921 State: Arkansas TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Filed State Tr Num:

Sub-TOI: LTC03I.003 Other Co Tr Num: LTC2012RESC State Status: Filed-Closed

Filing Type: Rate Reviewer(s): Donna Lambert

Authors: Debbie Berg, Linda Elston, Disposition Date: 02/06/2012

Bonnie Foley, Jeff Pederson, Susan

Schmidt, Cheryl Meyer

Date Submitted: 02/03/2012 Disposition Status: Filed

Implementation Date Requested: Implementation Date: 02/06/2012

State Filing Description:

#### **General Information**

Project Name: LTC2012RESC

Project Number: LTC2012RESC

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Overall Rate Impact: Filing Status Changed: 02/06/2012

State Status Changed: 02/06/2012

Deemer Date: Created By: Cheryl Meyer

Submitted By: Cheryl Meyer Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to report on a statewide basis information regarding long-term care insurance policy rescissions as required by the regulations of your state. The product reported in this form is a long-term care rider attached to a life insurance policy. Benefits are paid as an acceleration of the death benefit.

## **Company and Contact**

#### **Filing Contact Information**

Cheryl Meyer, Sr. Contract Analyst

9550 Ameriprise Financial Center

H25/9550

Cheryl.D.Meyer@ampf.com
612-671-5583 [Phone]
612-671-3866 [FAX]

Filing Company: RiverSource Life Insurance Company State Tracking Number:

Company Tracking Number: LTC2012RESC

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.003 Other

Product Name: Long Term Care

Project Name/Number: LTC2012RESC/LTC2012RESC

Minneapolis, MN 55474

#### **Filing Company Information**

RiverSource Life Insurance Company CoCode: 65005 State of Domicile: Minnesota

9550 Ameriprise Financial Center, H22/9550 Group Code: 4 Company Type: Life Minneapolis, MN 55474 Group Name: State ID Number:

(612) 671-2465 ext. [Phone] FEIN Number: 41-0823832

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## **Filing Fees**

Fee Required? No Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

RiverSource Life Insurance Company \$0.00 02/03/2012

Filing Company: RiverSource Life Insurance Company State Tracking Number:

Company Tracking Number: LTC2012RESC

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.003 Other

Product Name: Long Term Care

Project Name/Number: LTC2012RESC/LTC2012RESC

## **Correspondence Summary**

## **Dispositions**

Status	Created By	Created On	Date Submitted
Filed	Donna Lambert	02/06/2012	02/06/2012

Filing Company: RiverSource Life Insurance Company State Tracking Number:

Company Tracking Number: LTC2012RESC

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.003 Other

Product Name: Long Term Care

Project Name/Number: LTC2012RESC /LTC2012RESC

# **Disposition**

Disposition Date: 02/06/2012

Implementation Date: 02/06/2012

Status: Filed Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
			Program:				
RiverSource Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Filing Company: RiverSource Life Insurance Company State Tracking Number:

Company Tracking Number: LTC2012RESC

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.003 Other

Product Name: Long Term Care

Project Name/Number: LTC2012RESC /LTC2012RESC

Schedule Item Schedule Item Status Public Access

Supporting DocumentHealth - Actuarial JustificationFiledYesSupporting DocumentRescission ReportFiledYes

Filing Company: RiverSource Life Insurance Company State Tracking Number:

Company Tracking Number: LTC2012RESC

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.003 Other

Product Name: Long Term Care

Project Name/Number: LTC2012RESC/LTC2012RESC

### **Rate Information**

Rate data applies to filing.

Filing Method:

Rate Change Type: %

Overall Percentage of Last Rate Revision: 0.000%

**Effective Date of Last Rate Revision:** 

Filing Method of Last Filing:

**Company Rate Information** 

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
RiverSource Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Filing Company: RiverSource Life Insurance Company State Tracking Number:

Company Tracking Number: LTC2012RESC

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.003 Other

Product Name: Long Term Care

Project Name/Number: LTC2012RESC /LTC2012RESC

# **Supporting Document Schedules**

Item Status: Status

Date:

Bypassed - Item: Health - Actuarial Justification Fil

Filed 02/06/2012

Bypass Reason: na

Comments:

Item Status: Status

Date:

Satisfied - Item: Rescission Report Filed 02/06/2012

Comments:

Attachment:

AR ASRRescission 2-3-12.pdf

# Long-Term Care Insurance Rescission Reporting Form

For the State of: ARKANSAS

For the Reporting Year of: 2011

Company Name: RiverSource Life Insurance Company

Company Address: <u>70100 Ameriprise Financial Center, Minneapolis, MN 55474</u>

Company NAIC Number: 65005

Contact Person: Cheryl D. Meyer

Phone Number: (612)671-5583

#### **INSTRUCTIONS:**

The purpose of this form is to report all rescissions of long-term care insurance policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

Policy Form #	Policy and Certificate #	Name of Insured	Date of Policy Issuance	Date/s Claims/s Submitted	Date of Rescission			
Detailed Reason for Rescission: NONE								

#### Signature

Name and Title: Cheryl Meyer, Senior Contract Analyst

Date: February 3, 2012

The product reported in this form is a long-term care rider attached to a life insurance policy. Benefits are paid as an acceleration of the death benefit.